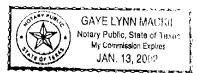
	NDIDATE / OFFICEHOI NANCE REPORT	LDER 4243	FORM COVER SHE	JC/OH EET PG 1
The JC/OH Iнstruction Gui	DE explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed	
CANDIDATE /	TITLE FIRST	MI MA	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Judge Peter NICKNAME LOWFY	SUFFIX	Data Received	<u> </u>
CANDIDATE / OFFICEHOLDER ADDRESS	address 100 Box aptisuite # 3300 Meredith A	CITY STATE ZIPCODE OUSTW TX 78703	:	で 型: C
Change of Address			-	<u> </u>
CAMPAIGN TREASURER NAME	TITLE FIRST Same	s above suffix	HD / PM Date Processed	Amoun'
			Date Imaged	
TREASURER ADDRESS (Residence or business 7 CAMPAIGN TREASURER PHONE	Same AREA CODE PHONE NUMBER (512) 472-8193	as above extension		
8 REPORT TYPE	January 15 30th day before election July 15 8th day before elections		15th day after coappointment coff	
9 PERIOD COVERED	Month Day Year	ROUGH 12, /31	•	
10 ELECTION	ELECTION DATE ELECTION Month Day Year Print	nary Runoff [General	Special
11 OFFICE	261st District Co.	art .	own)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campa Candidates are required to disclose this info	ign expenditures made by others with rmation only if they receive notificatio	out the candidate's prion of the direct campaig	r consent or approx n expenditure ••
INDIVIDUALS	Agaress / PO Box Apri / Suite 8 City States	€ Zp Code		
additional pages				
	GOT	TO PAGE 2		

(512) 463-5800 1-800-325-8506 P O Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: COVER SHEET PG 2 SUPPORT & TOTALS 15 ACCOUNT # (Ethics Commission filers 14 C/OH NAME eter Lowry This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures 16 SUPPORTING may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to POLITICAL COMMITTEE(S) report this information only if they receive notice of such expenditures ... COMMITTEE NAME COMMITTEE TYPE GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 77 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED TOTALS TOTAL POLITICAL CONTRIBUTIONS 2. \$ (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **EXPENDITURE** TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING LAST DAY OF THE REPORTING PERIOD \$ LOAN TOTALS 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

eta Zouvy Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Swom to and subscribed before me, by the said Peter Lowry	this the _	1445	day or January
19 99 , to certify which, witness my hand and seal of office.			ď

Have Lyn Wachie

Gaye Lynn Mackie
Print name of officer administering oath

Notary Public
Title of officer administering oath

Texas Ethics Commission

P O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS (JUDICIA	AL)	SCHEDULE A (J)	
	The Instructio	N GUIDE explains how to complete this form.		1 Total pages Schedule A(J)		
2	FILER NAME	Peter M. Lowry		3 ACCOUNT # (Ethics Commission filers)		
4	Date	5 Full name of contributor	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
		6 Contributor address, City, State, Zip Code			! 	
9	Contributor's p	principal occupation	10 Contributors job	title	·	
11	Contributor's e	employer/law firm	12/ Law firm of contr	ibutor's spouse (if a	iny)	
13	If contributor :	s a child law firm of parent(s) (if any)	/			
	Date	Full name of contributor [Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
		Contributor address, City, State, Zip Code)	
					, 	
	Contributor's principal occupation		Contributor's job	titie	<u> </u>	
	Contributor's employer/law firm		Law firm of contr	aw firm of contributor's spouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)	
		Contributor address, City, State Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
L	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
	Contributor's p	orincipal occupation	Contributor's job	title		
	Contributor's	employer/law firm	Law firm of contributor's spouse (if any)			
	If contributor is	s a child law firm of parent(s) (if any)				
	,					
	If contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			ing requirements.	

	mission P.O. Box 12070	Austin, Texas 78711-2070	(512)4	463-580 0 1-800-325-6
PLEDG	ED CONTRIBUTIONS	(JUDICIAL)	S	SCHEDULE B (J)
The Instruct	пон Guide explains how to comple	te this form.	1 Total pages Sch	edule B(J)
FILER NA	ME		3 ACCOUNT# (E	thics Commission filers)
TOTA	L OF UNITEMIZED PLEDG	GES: \$ \$ \$	D D D	\$
Date	6 Full name of pledgor 7 Pledgor address. C	Out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
) Pledgor's p	rincipal occupation	11 Pledgor's (job title	
Pledgor's e	mployer/law firm	13 Law firm o	of pledgor's spouse (if any	y)
If piedgor is	a child, law firm of parent(s) (if an	ny)		
Date	Full name of pledgor Pledgor address. Ci	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's p	rincipal occupation	Pledgors	job title	<u> </u>
Pledgor's e	mployer/law firm	Law firm o	of pledgor's spouse (if an	у)
If pledgor is	s a child, law firm of parent(s) (if an			
If pledgor is	s a child, law firm of parent(s) (if an	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Full name of pledgor	out of state PAC lity; State, Zip Code	į.	
Date	Full name of pledgor	ity: State. Zip Code	piedge (\$)	
Date Pledgor's p	Full name of pledgor Pledgor address. C	ity: State. Zip Code	piedge (\$)	(if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction Guide explains how to complete this form. 1 Toul pages Schedule E(J) 2 FILER NAME 3 ACCOUNT # (Ethics Commission Facts) 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 9 Loan Amount (5) 8 Lender address. City. State Zip Code 10 Interest rate 11 Maturity date 12 Lender's Principal Occupation 13 Lender's Job Title 14 Lender's Employer's Law Firm 15 Law Firm of tender's spouse (if any) 17 Description of Collateral Indicate of Collateral Ind	LOANS (JUDICIAL)), Texas 78711-2070		\$CHEDUL	1-800-325 LE E (J)
2 FILER NAME 3 ACCOUNT # (Emca Commission Fairs) 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 8 Lender address. City. State Zip Code 10 Interest rate 11 Maturity date 12 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 Iff lender is child, law firm of parent(s) (if any) 17 Description of Collateral none 18 GUARANTOR INFORMATION 20 Guarantor's United State						-
TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender Out of state PAC 9 Loan Amount (s) 10 Interest rate 11 Maturity date 12 Lender's Principal Occupation 13 Lender's Job Title 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 17 Description of Collateral one 18 GUARANTOR INFORMATION 20 Guarantor address City. State Zip Code 21 Amount Guaranteed (s) 22 Guarantor's Principal Occupation 23 Guarantor's Dob Title 24 Guarantor's Principal Occupation 25 Law Firm of guarantor's spouse (if any)	The Instruction Guil	DE explains how to complete this form	ı.	1 Total pages Scr	hadule E(J)	
TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 0 out of Nate PAC 9 Loan Amount (5) 6 Is kender a Minancial Institution? Y N 11 Maturity date 12 Lender's Principal Occupation 13 Lender's Job Title 14 Lender's Employer/Law Frim 15 Law Frim of lender's spouse (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral one 18 GUARANTOR 19 Name of guarantor 19 Name of guarantor 20 Guarantor address City State Zip Code 23 Guarantor's Principal Occupation 23 Guarantor's Principal Occupation 24 Guarantor's Employer/Law Frim 25 Law Firm of guarantor's spouse (if any)	2 FILER NAME			3 ACCOUNT# (E	Ethics Commission fo	iersj
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financial institution? Y N 11 Maturity date 12 Lender's Principal Occupation 13 Lender's Job Title 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral none 18 GUARANTOR INFORMATION 20 Guarantor address City. State Zip Code 21 Amount Guaranteed (\$) 22 Guarantor's Principal Occupation 23 Guarantor's Job Title 24 Guarantor's Employer/Law Firm 25 Law Firm of guarantor's spouse (if any)	5 Date of loan	7 Name of lender	Out of state PAC		9 Loan Amo	
12 Lender's Principal Occupation 13 Lender's Job Title 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral none 18 GUARANTOR INFORMATION 20 Guarantor address. City. State Zip Code 22 Guarantor's Principal Occupation 23 Guarantor's Job Title 24 Guarantor's Employer/Law Firm 25 Law Firm of guarantor's spouse (if any)	_	8 Lender address, City State	e Zip Code		10 Interest ra	ite
14 Lender's Employer/Law Frim 15 Law Firm of lender's spouse (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral none 18 GUARANTOR INFORMATION 20 Guarantor address. City. State Zip Code 21 Amount Guaranteed (\$) 22 Guarantor's Principal Occupation 23 Guarantor's Job Title 24 Guarantor's Employer/Law Frim 25 Law Firm of guarantor's spouse (if any)	Y N				11 Matunty da	ate
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17 Description of Collateral none 18 GUARANTOR INFORMATION 20 Guarantor address. City. State Zip Code 20 Guarantor address. City. State Zip Code 21 Amount Guaranteed (\$) 22 Guarantor's Principal Occupation 23 Guarantor's Job Title 24 Guarantor's Employer/Law Firm 25 Law Firm of guarantor's spouse (if any)	14 Lender's Employer/La	aw Frim	15 Law Firm of I	lender's spouse (if any)	+	
The state of guaranter address. City. State Zip Code 18 GUARANTOR INFORMATION 20 Guaranter address. City. State Zip Code 20 Guaranter address. City. State Zip Code 21 Amount Guaranteed (\$) 22 Guaranter's Principal Occupation 23 Guaranter's Job Title 24 Guaranter's Employer/Law Firm 25 Law Firm of guaranter's spouse (if any)	16 If lender is child, law t	firm of parent(s) (if any)				
18 GUARANTOR INFORMATION 20 Guarantor address. City. State Zip Code 22 Guarantor's Principal Occupation 23 Guarantor's Job Title 24 Guarantor's Employer/Law Firm 25 Law Firm of guarantor's spouse (if any)	_	ral				
20 Guarantor address. City. State Zip Code 22 Guarantor's Principal Occupation 23 Guarantor's Job Title 24 Guarantor's Employer/Law Firm 25 Law Firm of guarantor's spouse (if any)		19 Name of guarantor			21 Amount G	uaranteed (\$)
24 Guarantor's Employer/Law Frim 25 Law Firm of guarantor's spouse (if any)	nol applicable	20 Guarantor address. City. State				
23 can min of guarantor's spouse (if any)	22 Guarantor's Principal	Occupation	23 Guarantor's Jo	ob Title		
26 If guarantor is child, law firm of parent(s) (if any)	24 Guarantor's Employer	//Law Fnm	25 Law Firm of g	juarantor's spouse (if any	· · · · · · · · · · · · · · · · · · ·	
	26 If guarantor is child, la	aw firm of parent(s) (if any)				
	26 If guarantor is child, la	sw firm of parent(s) (if any)				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	If lender i				g requireme:	nts.
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						

POLITI EXPEN	CAL DITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule F
2 FILER NAM	Peter M. Lowry		3 ACCOUNT # (Eu	nics Commission filers)
Jept 198	5 Payee name Travis Co. Democratic F 6 Payee address. City. State. Zip Code 1311 E. 6th St, Austin, T.	Party ×78702	7	Amount (\$) \$1,000
promote	bution to party to Democratic Candidates	9 ·· Complete if direct expe Candidate : Officeholder	inditure to benefit C/C	Office sought theid
Date 4-29-98	Payee name AYLA Foundation Payee address City State Zip Code			Amount (\$) \$120,00
Purpose of exp		Complete if direct expecandidate / Officeholder i		OH Office sough! / held
Date / <i>U-14-98</i>	Payee name Wil Howers Ca Payee address. City. State. Zip Code Travis Go C+ house Austin, Tx 7870			Amount 5/(\$) 100
Purpose of exp		Complete if direct expectandidate / Officeholder (nditure to benefit C/C	Office sough! / held
Date 10-6-98	Payee name Jan Patter GON Campa Payee address. City. State: Zip Code 5 Need, VINE & Perry 9th & Congress Hustin, Tr 78703	ign		Amount (S) 100
Purpose of exp	enditure ign contribution	Complete if direct expectantial Candidate / Officeholder r		H ·· Office sought / held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POLITIC EXPEN	DITURES		sc	HEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Schedule F	
FILER NAME			3 ACCOUNT# (Ethics Co.	mmission filers)
Dale OCT 14, 98	Travis Co. Democratic 6 Payee address, City. State. Zip Code 1311 E, 6th Street Austn, Tx 78702	parts	*	Amount (\$): 2,006
Purpose of exp	· · · · · · · · · · · · · · · · · · ·		enditure to benefit C/OH name	Office sought / held
Date	Payee name Dance De Beauvoir Camp Payee address. City State Zip Code I MUS CO. Ct howyse Austiw, Tx 78701	sa ign	=1.	Amount (\$) O D
Purpose of,exp	mpaign contrib.	Complete if direct exp. Candidate / Officeholder	penditure to benefit C/OH	Office sough! / held
Date 11-18-98	Payee name Jamison Insurance Co Payee address. City. State, Zip Code			Amount
Purpose of ex Judi	penditure cial malpractice INS,	Complete if direct ex Candidate / Officeholde	penditure to benefit C/OH - ir name	Office sought / held
Date //-18-98	Payee name THAVIS CO. BAV Q: Payee address: City: State. Zip Code 700 Lava Ca Augti	35N N, TX 7870	01	Amount S (\$)
Purpose of ex 1.0	expenditure EKets for bar Incheon	Complete if direct e. Candidate / Officahold	xpenditure to benefit C/OH er name	Office sought / held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

	TICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruc	том Guide explains how to complete this form.	1 Total pages Scheduk	e G
FILER NA	ME	3 ACCOUNT# (Ethics	Commission filers)
Date	5 Payee name 6 Payee address. City: State. Zip Code	. 8	Amount (\$)
	7 Purpose of expenditure		Reimbursement from political contribution intended
Date	Payee name Payee address. City, State Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contribution intended
Date	Payee name Payee address. City, State Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement froi political contribution intended
Date	Payee name Payee address, City, State Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement fro political contribution intended
Date	Payee name Payee address. City, Stale Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement fro

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The Instruc	стюн Guide explains how to complete this form.	1 Total pages Sched	ule H
FILER NA		3 ACCOUNT# (Ethic	rs Commission filers)
			a Commission no e,
l Date	5 Business name		7 Amount (\$)
	6 Business address. City, State, Zip Coc		
		///JVU	
B Purpose of	payment	9 Complete if direct expenditure to Candidate / Officeholder name	o benefit C/OH → Office sought fihald
Date	Business name		Amount
			(\$)
	Business address, City, State Zip Cod	le	
Purpose of	payment	Complete if direct expenditure to Candidate / Officeholder name	
		Candidate : Citizenologi marite	Office soughl / held
Date	Business name		Amount (\$)
	Business address. City, State Zip Cod	de	(\$)
Purpose of	payment	Complete if direct expenditure to	
		Candidate / Officeholder name	Denetit C/OH Office sought / held
Date	Business name		Amount
	Business address; City State: Zip Code	e	(\$)
Purpose of p	payment	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH Office sought / held

	crion Guide explains how to complete this form.	Total pages Schedule I ACCOUNT # (Ethics Commission filers)	
ILER NA	ME		
Date	5 Payee name	8 Amount (\$)	
	6 Payee address. City, State, Zip Code		
	7 Purpose of expenditure		
Date	Payee name	Amount (\$)	
	Payee address, City, State Zip Code		
	Purpose of expenditure		
Date	Payee name	Amount	
	Payee address, City, State, Zip Code	(\$)	
	Purpose of expenditure		
Date	Payee name	· Amount	
	Payee address, City, State Zip Code	(\$)	
	Purpose of expenditure		
Date	Purpose of expenditure Payee name	Amount (\$)	
Dale		Amount (\$)	

	TS (optional)	SCHEDULE
The Instructi	юн Guide explains how to complete this form.	1 Total pages Schedule K
FILER NAM	ME	3 ACCOUNT# (Etnics Commission filers)
Date	5 Payor name 6 Payor address, City, State, Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address City, State, Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address. City. State, Zip Code	
	Payor address. City, State, Zip Code Reason for credit	
Date		Amount (\$)
Date	Reason for credit Payor name	
	Payor name Payor address, City, State, Zip Code	

CASE CONTINS	P.O. Box 12070	Austin, Texas 78711	1-2070	(512) 463-5800	1-800-325-8
OUTSTAI	NDING LOANS	•		SCH	EDULE L
The Instruction G	UIDE explains how to complete	this form.		1 Total pages Schedule L	
2 FILER NAME				3 ACCOUNT # (Ethics Comm	ission filers)
LENDER	4 Name of lender	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
INFORMATION	Typine of religer	11) ov		-	
	5 Lender address,	City	State;	Zıp Code	
GUARANTOR INFORMATION	6 Name of guarantor	1			
	7 6000000000000000000000000000000000000				
not applicable	7 Guarantor address	City	State.	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address	Crty;	State,	Zıp Code	· · · · · · · · · · · · · · · · · · ·
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address.	City,	State.	Zip Code	****
LENDER INFORMATION	Name of lender				
	Lender address,	City	State.	Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address	City;	State.	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address,	City;	State;	Zip Code	· • • • • • • • • • • • • • • • • • • •
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address	City,	State;	Zıp Code	

	ASSETS VALUED AT \$500 OR MORE		SCHEDULE M
	The Instruction Guide explains how to complete this form,	1	Total pages Schedule M
2	FILER NAME	3	ACCOUNT # (Ethics Commission filers)
4	Description of Asset		
<u> </u>	Description of Asset		
	Description of Asset		
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	Description of Asset		
=	Description of Asset		
	•		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS N	ΕEI	DED

J	UDIC ESIC	CIAL CANDIDATE / OFFICEHOLDER REPORT: GNATION OF FINAL REPORT	FORM JC/OH - FR
-	The J	C/OH instruction Guide explains how to complete this form.	
		emplete only if "Report Type" on JC/OH page 1 is marked "Final Report" ••	•
1	С/ОН	NAME Peter M. Lowry 2	ACCOUNT # (Ethics Commission filers)
3	Idon arep	not expect any further political contributions or political expenditures in connection with my candidate as a final report terminates my campaign treasure—appointment. I also understand that abutions or make any campaign expenditures without a campaign treasure.	acy -l understand that designating
4	FILER	Signature of	Candidate / Officeholder
	•• Com	plete A & B below only if you are a candidate ••	
	Α.	CAMPAIGN FUNDS	
	Checi	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from political	al contributions
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political also understand that I must file an annual report of unexpended contributions and that I may no or unexpended interest or income earned on political contributions longer than six years after understand that I must dispose of unexpended political contributions and unexpended interest contributions in accordance with the requirements of Election Code § 254 204	utions. I understand that I may not all contributions to personal use. It retain unexpended contributions
	В.	ASSETS	
	Check	conly one:	•
		I do not retain assets purchased with political contributions or interest or other income from po	litical contributions
	Ŋ	I do retain assets purchased with political contributions or interest or other income from political I may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a of Election Code, § 254,204.	contributions. I understand that
		Signate	M. wux
		EHOLDER	· · · · · · · · · · · · · · · · · · ·
•		I am aware that I remain subject to filing requirements applicable to an officeholder who does not ha	ave a campaign treasurer
		appointment on file	sempegn nedautet
		Signatur	re of Officeholder

Ms. Dana DeBeauvoir County Clerk P.O. Box 1748 Austin, Texas 78701

Hon. Peter M. Lowry 3300 Meredith Austin, Texas 78703